

10. **REFERENCES**

List names, addresses and relationships of three persons, not related to you, who know your qualifications:

| Name | Address | Phone | Relationship |
|------|---------|-------|--------------|
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11. **MISCELLANEOUS**

- a. Check which shift you prefer: ☐Day ☐Evening
- b. Check which job status you would prefer: ☐Full-time ☐Part-time
- c. Are you willing to accept employment that requires you to travel for training? ☐Yes ☐No
- d. For purposes of compliance with The Immigration Reform and Control Act of 1986, are you legally eligible for employment in the United States? ☐Yes ☐No. Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.
- e. Are you willing to provide your own transportation if necessary for your employment? ☐Yes ☐No
- f. Section 2.1-32.1 of the Code of Virginia prohibits any board, commission, department, agency, institution or instrumentality of the Commonwealth from employing a person who is required to present himself and submit to the federal Selective Service registration requirement and failed to do so. If you are/were required to register for the Selective Service, have you done so? ☐Yes ☐No
If no, state reason: _____
- g. For purposes of compliance with Section 2.1-112 of the Code of Virginia, are you a veteran who received an honorable discharge and served more than 180 consecutive days of full-time active duty in the US Army, Navy, Air Force, Marines, or reserve components thereof, including the National Guard? ☐Yes ☐No. If yes, did you serve during the Vietnam Conflict (2/28/61-3/7/75)? ☐Yes ☐No.
- h. Have you ever been convicted* for any violation(s) of law, including moving traffic violations? ☐Yes ☐No. If YES, please provide the following:
Statute or ordinance (if known): _____ Date of Charge: _____ Date of Conviction: _____
County, City, State of Conviction: _____

(For additional convictions use plain paper. Include all information listed above.)

*Convictions include Virginia juvenile adjudications for Capital Murder, First and Second Degree Murder, Lynching, or Aggravated Malicious Wounding, if you were age fourteen (14) to eighteen (18) when charged.

12. When will you be available to start work? (No date is necessary if you are available as soon as you give two (2) weeks notice.)
____ Month ____ Day ____ Year

13. **CERTIFICATION** — Each Application Requires Current Date and Original Signature

I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment in the service of the Culpeper County Sheriff's Office. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent to references and former employers and educational institutions listed being contacted regarding this application. I further authorize the Culpeper County Sheriff's Office to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee.

Date _____ Applicant Signature _____